

Original

Maximum Medicaid Payment Rates for  
Listed Pediatric Practitioner Services

The following pediatric practitioner payment rates are uniform for all geographic areas of the state.

Procedure

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Payment/Average</u>
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EVALUATION AND MANAGEMENT

Office, Outpatient or Other Ambulatory Facility (Visit)

New Patient

Office or other outpatient visit for the evaluation and management of a new patient requiring these three key components:

99201	Problem focused history and examination straightforward medical decision making	\$20.64/15.32
99202	Expanded problem focused history and exam straightforward medical decision making	\$27.96/23.99
99203	Detailed history and examination, medical decision making of low complexity	\$39.84/34.77
99204	Comprehensive history and examination, medical decision making of moderate complexity	\$63.36/53.81
99205	Comprehensive history and examination, medical decision making of high complexity	\$73.80/68.36

Established Patient

99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician	\$16.20/13.28
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Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

99212	Problem focused history or examination, straightforward medical decision making	\$26.52/20.79
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<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment/Average</u>
Established Patient (continued)		
99213	Expanded problem focused history or exam, medical decision making of low complexity	\$30.96/24.89
99214	Detailed history or exam, medical decision making of moderate complexity	\$44.28/36.76
99215	Comprehensive history or exam, medical decision making of high complexity	\$72.24/56.52
Office or Other Outpatient Consultations New or Established Patient		
99241	Physicians typically spend 15 minutes	\$35.60/34.47
99242	Physicians typically spend 30 minutes	\$49.20/47.77
99243	Physicians typically spend 40 minutes	\$68.80/65.01
99244	Physicians typically spend 60 minutes	\$86.10/79.52
99245	Physicians typically spend 80 minutes	\$115.60/110.54
Confirmatory Consultations New or Established Patient		
99271	Self limited or minor problems	\$14.70/12.00
99272	Low severity problems	\$22.10/22.10
99273	Moderate severity problems	\$27.00/27.00
99274	Moderate to high severity problems	\$40.50/40.50
99275	Moderate to high severity problems	\$45.50/45.50
Home Services New Patient		
	Home visit for the evaluation and management of a new patient which requires these three key components:	
99341	Problem focused history and exam, medical decision making that is straightforward or of low complexity	\$25.80/21.00
99342	Expanded problem focused history and exam, medical decision making of moderate complexity	\$34.40/34.40
99343	Detailed history and exam, medical decision making of moderate complexity	\$40.50/00.00
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Office

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<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment/Average</u>
Established Patient		
	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:	
99351	Problem focused interval history, problem focused exam, medical decision making that is straightforward or of low complexity	\$18.40/13.80
99352	Expanded problem focused interval history, expanded problem focused exam, medical decision making of moderate complexity	\$31.90/31.90
99353	Detailed interval history, detailed exam, medical decision making of high complexity	\$44.20/44.20
Prolonged Services		
99354	Prolonged physician service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	\$00.00/00.00
99355	each additional 30 minutes	\$00.00/00.00
99358	Prolonged evaluation and management service before and/or after direct patient care first hour	Man.Prc./00.00
99359	each additional 30 minutes	Man.Prc./00.00
Preventive Medicine		
New Patient		
99381	Initial evaluation and management of a healthy individual requiring a comprehensive history and exam, identification of risk factors, and ordering of appropriate laboratory/diagnostic procedures, new patient; infant (age under one year)	\$38.30/30.52
99382	early childhood(age 1 through 4 years)	\$42.80/34.75
99383	late childhood(age 5 through 11 years)	\$48.70/41.07
99384	adolescent (age 12 through 17 years)	\$53.10/47.40
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<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment/Average</u>
Established Patient		
99391	Periodic reevaluation and management of a healthy individual requiring a comprehensive history and exam, identification of risk factors, and ordering of appropriate laboratory/diagnostic procedures, established patient; infant (age under one year)	\$33.90/28.60
99392	early childhood(age 1 through 4 years)	\$33.90/28.57
99393	late childhood(age 5 through 11 years)	\$38.30/31.55
99394	adolescent (age 12 through 17 years)	\$42.80/34.96
Counseling and/or Risk Factor Reduction Intervention New or Established Patient		
Individual Counseling		
99401	approximately 15 minutes	\$00.00/00.00
99402	approximately 30 minutes	\$00.00/00.00
99403	approximately 45 minutes	\$00.00/00.00
99404	approximately 60 minutes	\$00.00/00.00
Group Counseling		
99411	approximately 30 minutes	\$00.00/00.00
99412	approximately 60 minutes	\$00.00/00.00
Other Preventive Medicine Services		
99420	Admin/interpretation of health risk assessment	\$00.00/00.00
99429	Unlisted service	\$00.00/00.00
Newborn Care		
99431	History and examination of normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records.	\$72.30/62.84
99432	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)	\$51.60/51.60
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IMMUNIZATIONS		
90700	Immunization, active; DTaP	\$19.60/13.13
90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	\$13.50/5.11
90702	Diphtheria and tetanus toxoids (DT)	\$ 6.10/4.95
90703	Tetanus toxoid	\$ 6.10/5.57
90704	Mumps virus vaccine, live	\$15.30/6.00
90705	Measles virus vaccine, live, attenuated	\$13.50/10.21
90706	Rubella virus vaccine, live	\$14.00/5.50
90707	Measles and rubella virus vaccine, live	\$41.80/6.05
90708	Measles and mumps virus vaccine, live	\$19.60/10.67
90709	Rubella and mumps virus vaccine, live	\$21.00/00.00
90710	Measles, mumps, rubella, varicella	Man.Prc./0.00
90711	DTP and injectable poliomyelitis	\$15.60/00.00
90712	Poliovirus vaccine, live, oral (any type)	\$11.70/4.95
90713	Poliomyelitis vaccine	\$33.20/8.29
90714	Typhoid vaccine	\$ 4.10/05.05
90716	Varicella vaccine	\$39.44/33.57
90717	Yellow fever vaccine	\$14.50/14.50
90718	Tetanus and diphtheria toxoids	\$ 9.80/5.37
90719	Diphtheria toxoid	\$ 6.70/00.00
90720	DTP and HIB	\$32.90/6.55
90721	DTaP and HIB	\$00.00/00.00
90724	Influenza virus vaccine	\$ 7.80/6.30
90725	Cholera vaccine	\$ 6.60/00.00
90726	Rabies vaccine	\$127.90/127.90
90727	Plague vaccine	\$ 4.60/0.00
90728	BGC vaccine	\$00.00/00.00
90730	Hepatitis A vaccine	Man.Prc./0.00
90731	Hepatitis B vaccine	\$18.40/7.73
90732	Pneumococcal vaccine, polyvalent	\$13.90/10.61
90733	Meningococcal polysaccharide vaccine	\$ 9.20/19.00
90737	Hemophilus influenza B	\$28.20/05.28
90741	ISG	\$ 11.60/8.80
90742	Specific hyperimmune serum globulin	Man.Prc./00.00
90744	Hepatitis B vaccine; newborn to 11 yrs	\$18.40/7.83
90745	11-19 years	\$40.00/18.48
90749	Unlisted immunization procedure	Man.Prc./5.40

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ADEQUACY OF ACCESS - OBSTETRICAL AND PEDIATRIC STANDARDS

Standard: c. Other

The Department of Social Welfare through the twelve district offices around the State of Vermont operates an action referral program to assure that Medicaid recipients have access to all covered health care, including obstetrical and pediatric care.

This program provides immediate and direct responses to recipients reporting difficulty in securing access to a Medicaid-covered service. Recipients may also call the toll free "hotline" maintained at the DSW State Office in Waterbury.

Under the direct supervision of the State Medicaid Director, a Medicaid staff member is designated to handle access problems which have not been resolved at the local or district office level.

The State practice outlined above and the almost negligible record of non-participation among pediatric and obstetrical providers assures the State of Vermont that the Medicaid fee-for-service rates are adequate to assure access.

There are currently approximately 215 family practitioners, 101 obstetricians, 112 pediatricians, and 16 certified nurse midwives enrolled in Vermont Medicaid, representing nearly 100 percent participation.

HMO Obstetrical and Pediatric Services

There are two Medicaid enrolled HMOs currently operating in Vermont, Community Health Plan (CHP) and Blue Cross Blue Shield. CHP began serving Title XIX recipients on 10/1/96 and BC/BS began serving recipients on 1/1/97.

Counseling regarding enrolled providers and services is available to all recipients required to enroll in managed care. As of 3/21/97, 6865 traditional Medicaid recipients are enrolled in managed care plans.

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